



**Maine Bureau of Highway Safety
Technician Mentoring Program
Completion Evaluation
-TECHNICIAN MENTEE-**

Technician Mentor Name:
Technician Mentor Certification Number:
Program Start Date:
Scenario Selected:

You are being asked to provide feedback about your experiences with and thoughts about the Maine Bureau of Highway Safety Technician Mentoring Program. Your input will help us continually develop a stronger more meaningful program for all others that are considering being mentored as well as those mentors that are providing assistance. Please submit completed evaluation to the CPS Coordinator at the Bureau of Highway Safety at the following address:

**Maine Bureau of Highway Safety
Attention: CPS Coordinator
45 Commerce Drive, Suite 1
Augusta, ME 04333-0164**

Did the Technician Mentoring Program meet your expectations, please provide three examples and explain.
What aspects of the Program do you feel needs improvement, please provide examples and recommendations.
Did your Program Mentor provide timely response to your questions, concerns, problems, etc.?
What is one thing you would change about the Program if possible?
What is one thing you feel your Mentor could have done differently or better to address a problem, concern, etc.?
Based on your overall experience, would you recommend mentoring to other technicians?
Please offer any additional thoughts...